MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04101

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Harwood
MARYLAND
LENGTH OF STAY (In this place): 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6835 Washington Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Harwood
STREET ADDRESS (If rural, give location): 6835 Washington Blvd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
JAMES	OSCAR	BROWN	4-4-53 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Oct. 10, 1899	53 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Merchant	Grocery Store	Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James H. Brown	Sarah Delehay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes	WW I	213 30 9471	J.W. Griffis, 2203 Old Frederick Road, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) acute cardiac failure — Interval between onset and death: 10 mins

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Coronary artery occlusion — 10 mins
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Residence	Harwood	Howard	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles S. Whitaker, M.D.	Deputy Medical Examiner for Howard County.	Clarksville, Md.	4-4-53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 7/53	Baltimore National, Balto., Md.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/7/53	Dan Helgard	Harry A. Kuntz	4101 Edmondson Ave.

VS. 115

Item 18 Film G153 4-20-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04102

CERTIFICATE OF DEATH

Reg. Dist. No. 191

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Howard — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City
LENGTH OF STAY (in this place): 2 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pinel Clinic

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural, give location): Northway Apts. Chas St. Nr Univ Parkway

3. NAME OF DECEASED (Type or Print): (First) Mildred (Middle) (Last) Grimes

4. DATE OF DEATH: (Month) April (Day) 4, (Year) 19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	Oct. 9, 1889	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Principal	Public School	Ohio	U.S.

13. FATHER'S NAME: John H. Grimes

14. MOTHER'S MAIDEN NAME: Cora E. Badgley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Curtis L. Smith 400 Union Commerce Bldg. Cleveland 14, Ohio

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Suprasella cyst pharygioma	congenital
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Craniopharyngioma (with cyst formation) (non-malignant brain tumor)	
224X	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March 21, 19 53 to April 4, 19 53, that I last saw the deceased alive on April 4, 19 53, and that death occurred at 12:45 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Irving J. Taylor	M.D.	Pinel Clinic, Ellicott City, Md.	4/4/53.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	4/6/53	Greenmount Cemetery	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 6, 53	John B. Loughran Per. B.E. 28	Easton Sons	Catonsville, Md.

RECEIVED
APR 10 1957
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04103

CERTIFICATE OF DEATH

Reg. Dist. No. 195

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage (Rural) — LENGTH OF STAY (in this place) 7 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garman Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harmans
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Minnie (Middle) Jane (Last) Merson

4. DATE OF DEATH: (Month) April (Day) 9 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Nov. 9 1884

9. AGE last birthday: 68 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William H. Smith

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Simon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 212-20-5130

17. INFORMANT & ADDRESS: Fred Franklin, Baltimore, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

15 IX

Immediate cause (a) Abdominal Carcinomatosis — Interval Between Onset And Death: 3 mos.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Gastric Carcinoma — 1 yr.
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1, 1953, to April 9th, 1953, that I last saw the deceased alive on April 9th 1953 and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank Shipley, M.D. — ADDRESS Savage, Md. — DATE SIGNED 4/11/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF April 12 1953 — NAME OF CEMETERY OR CREMATORY Friendship Cemetery — LOCATION (City, town, or county) (State) Anne Arundel Co. Md

DATE REC'D BY LOCAL REGISTRAR 4/11/53 — REGISTRAR'S SIGNATURE Frank Shipley.

24. FUNERAL DIRECTOR De Witt Donaldson — ADDRESS Laurel, Md.

RECEIVED
APR 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04104

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 103

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A154

1. PLACE OF DEATH — COUNTY: Howard; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Woodbine; LENGTH OF STAY (In this place): 1 day; HOSPITAL OR INSTITUTION OR STREET ADDRESS: McKinney Farm

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md.; COUNTY: Howard; CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN: Rural - Cooksville; STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Howard (Last) Musgrove

4. DATE OF DEATH: (Month) April (Day) 16 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 16 1890

9. AGE last birthday: 62 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Musgrove

14. MOTHER'S MAIDEN NAME: Louisa Grimes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 219-10-0635

17. INFORMANT AND ADDRESS: Mrs Rachel A. Musgrove - Woodbine Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4201

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: ½ hour

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) None

(c) None

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

George E Burgtorf M.D. Ellicott City 4-16-53

DEPUTY MEDICAL EXAMINER - HOWARD COUNTY

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 4-19-53

NAME OF CEMETERY OR CREMATORY: Montgomery Chapel

LOCATION (City, town, or county) (State): N. Damascus, Md

DATE REC'D BY LOCAL REG.: 4-17-53

REGISTRAR'S SIGNATURE: C. Earl Mercer

24. FUNERAL DIRECTOR ADDRESS: Wilson & Haight - Sykesville, Md

cmc Luther H. Haight

RECEIVED
MAY 4 1953
BUREAU V. I.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04105

CERTIFICATE OF DEATH

Reg. Dist. No. 191

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shafers Convalescent Retreat

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural give location) Montgomery Road

3. NAME OF DECEASED: (Type or Print) (First) ADA (Middle) D. (Last) O'DONNELL

4. DATE OF DEATH: (Month) (Day) (Year) 4-11-53 19

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 10-10-1864

9. AGE Last birthday: 88 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Howard Co. Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William S. Isaacs

14. MOTHER'S MAIDEN NAME: Elizabeth Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Lillian O'Donnell, Ellicott City, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422 Immediate cause (a) Arteriosclerotic vascular disease — Interval Between Onset And Death: 10 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1953, to April 11, 1953, that I last saw the deceased alive on April 11, 1953, and that death occurred at 8 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) John B. Laughman. M.D. ADDRESS Ellicott City DATE SIGNED 4/13/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 4-14-53 | NAME OF CEMETERY OR CREMATORY St. Louis | LOCATION (City, town, or county) (State) Clarksville, Md

DATE REC'D BY LOCAL REGISTRAR April 13, 1953 | REGISTRAR'S SIGNATURE John B. Laughman. Reg. B. E. L. | 24. FUNERAL DIRECTOR ADDRESS F.C. Higinbothom, Ellicott City, Md

VS. A15

RECEIVED
APR 20 1953
BUREAU V. S.

Item 21 Film G153 5-1-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 190

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Howard Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicot City-Rural Balto. | LENGTH OF STAY (In this place)?
HOSPITAL OR INSTITUTION OR STREET ADDRESS Schaffer Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 3708 Delverne Rd. Ellicott City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) HENRY (Middle) SEAVER (Last) RIDER
4. DATE OF DEATH (Month) (Day) (Year): Apr. 25, 1953

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: June 21, 1866
9. AGE last birthday: 86 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Drug Co.
11. BIRTHPLACE (State or foreign country): LeRoy, New York
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ? Rider
14. MOTHER'S MAIDEN NAME: ? Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 126-03-4976
17. INFORMANT AND ADDRESS: Mr. Keston Blake, 3708 Delverne Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Generalized arteriosclerosis	10 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fracture - Left hip	3 mos
	(c)	

9447

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Schaffer Conv. Home. (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): 4-5-53 m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Fall.

22. I hereby certify that I attended the deceased from March 1, 1953, to April 25, 1953, that I last saw the deceased alive on April 24, 1953, and that death occurred at 1:30 A m., from the causes and on the date stated above.
SIGNATURE: Jno. D. Markum, MD (Degree or title) ADDRESS: Ellicott City DATE SIGNED: 4-25-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 4/27/53 | NAME OF CEMETERY OR CREMATORY: MacPelah Cemetery | LOCATION (City, town, or county) (State): LeRoy, New York

DATE REC'D BY LOCAL REG.: 4/27/53 | REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC. ADDRESS: BALTO., 13, MD.

Geo. H. Sander

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 191

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A 8 (7)

1. PLACE OF DEATH:
COUNTY HOWARD COUNTY — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Schaeffer Convol. Home Montgomery Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY BALTO
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arbutus
STREET ADDRESS (If rural give location) 1209 North Ave. Arbutus

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) LEE (Last) SMITH

4. DATE OF DEATH: (Month) APRIL (Day) 1 st (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Sept: 17 :1897

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Bar Tender

10b. KIND OF BUSINESS OR INDUSTRY: Tavern

11. BIRTHPLACE (State or foreign country): Baltimore Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel E. Smith

14. MOTHER'S MAIDEN NAME: Elizabeth C. McCullogh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs William H. Selby Sr. 29 North Bentalou Street

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchial pneumonia — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Congestive heart failure — DUE TO (c) [illegible]

Interval Between Onset And Death: (a) 3 days (b) 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1953, to April 1, 1953, that I last saw the deceased alive on April 1, 1953, and that death occurred at 7 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) John B. Loughman M.D. — ADDRESS Ellicott City, Md. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF APRIL 6/53 — NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL CEM. — LOCATION (City, town, or county) (State) BALTIMORE MARYLAND

DATE REC'D BY LOCAL REGISTRAR April 1, 1953 — REGISTRAR'S SIGNATURE John B. Loughman (Pro. B. E. L.)

24. FUNERAL DIRECTOR — ADDRESS F. B. Wippert & Son 1300 Eutaw Pl. 17

RECEIVED
APR
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04168

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkridge
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rt. 1 300 feet south of state Rt. 477

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): 6 Roberts Ave.

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) E. (Last) TAYLOR

4. DATE OF DEATH: (Month) (Day) (Year) 4-12-1953 19

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 15, 1891

9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U. S. A

13. FATHER'S NAME: Westley Banks

14. MOTHER'S MAIDEN NAME: Contee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mr. Wm. Taylor 6 Roberts Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

816X

Immediate cause (a) Crushing injury of chest — Instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Fracture of left thigh and compound fracture of right leg

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No X

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, other side, etc.) OF INJURY: Public Highway — (CITY OR TOWN) Elkridge — (COUNTY) Howard — (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour): 4-12-1953 5.15 P m.

INJURY OCCURRED While at work ☐ Not while at work X

HOW DID INJURY OCCUR? Auto in which deceased was riding was struck by south bound car

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident X, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): George E. Bugbee M.D. — ADDRESS — DATE SIGNED

Deputy Medical Examiner for Howard County Ellicott City, Md. 4-12-1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4-16-53 — NAME OF CEMETERY OR CREMATORY: Western Star — LOCATION (City, town, or county): Catonsville — (State): Md.

DATE REC'D BY LOCAL REG.: 4/15/53 — REGISTRAR'S SIGNATURE: C. W. Hedrick — FUNERAL DIRECTOR: M. Frances A. Hemsley W. Biddison — ADDRESS: 518

J.C.L.

VS. A154

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04109

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Howard — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgeville (rural)
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS On abandoned Rt. 40 2 miles east of Ridgeville

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY 13 X
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ARNOLD (Middle) V (Last) UNGER — Army Serial 6580336

4. DATE OF DEATH: (Month) April (Day) 1 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 1-25-1918

9. AGE last birthday: 35 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S.Army

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Riverside California

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Ft. Gen. G. Meade -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

8197

Immediate cause (a) Fracture of Skull at base — Instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple Fractures

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY Highway — (CITY OR TOWN) 2 mile east Ridgeville — (COUNTY) Howard — (STATE) Md

TIME (Month) (Day) (Year) (Hour) OF INJURY 4-1-53 4.19 P m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Auto struck abutment at dead end of road

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE George E. Burgdorf M.D. (Degree or title) — ADDRESS — DATE SIGNED

Deputy Medical Examiner for Howard County — Ellicott City, Md. — 4-1-53

23. BURIAL, CREMATION REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. April 3. 1953. — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS

VS-A15